

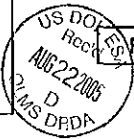
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 15814	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Michael R Ciancaglini P.O. Box, Bldg., Room No., if any Street 106 Memorial Parkway City Utica State New York ZIP Code + 4 13501-4887	4. Name, file number, and address of labor organization. Name UFCW District Union Local One Labor Organization File Number 026854 P.O. Box, Building and Room Number, if any Street 106 Memorial Parkway City Utica State New York ZIP Code + 4 13501-4887
5. Position in labor organization. Employee performing work for Fund	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State New York ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Michael R. Ciancaglini</i></u>	On <u>08/15/2005</u> Date	<u>(315) 797-9600</u> Telephone Number

Name of Person Filing Michael Ciancaglini	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name UFCW Local One Health Care Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 106 Memorial Parkway</p> <p>City Utica</p> <p>State New York ZIP Code + 4 13501-4887</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>										
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Provide administrative services to the Benefit Fund sponsored by the Local Union.</p>										
	<p>11.b. Approximate dollar value of such dealing.</p>										
	<p>12.a. Nature of interest held or income received.</p> <table> <tr> <td>Cell Phone</td> <td>\$700.89</td> </tr> <tr> <td>Vehicle</td> <td>\$7,250.00</td> </tr> <tr> <td>Trustee Mtg/EPIC 2004 (04/28-05/01)</td> <td>\$2,697.86</td> </tr> <tr> <td>Trustee Meeting (08/19-08/20)</td> <td>\$795.88</td> </tr> <tr> <td>Trustee Metting (11/04)</td> <td>\$170.79</td> </tr> </table>	Cell Phone	\$700.89	Vehicle	\$7,250.00	Trustee Mtg/EPIC 2004 (04/28-05/01)	\$2,697.86	Trustee Meeting (08/19-08/20)	\$795.88	Trustee Metting (11/04)	\$170.79
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Trustee Metting (11/04)	\$170.79										
	<p>12.b. Amount. \$11,615</p>										

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Michael Ciancaglini	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Novak/Francellia LLC</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 450 7th Avenue Suite 3500</p> <p>City New York</p> <p>State New York ZIP Code + 4 10123</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Accounting Services to Benefit Fund</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner (April 26, 2004) Unknown</p>
<p>12.b. Amount.</p>	

Name of Person Filing Michael Ciancaglini

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Fifth Third Asset Management, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 707 Grant Street, Suite 2000

City Pittsburgh

State Pennsylvania ZIP Code + 4 15219

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Investment Services to the Benefit Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner (04/29/04)

Unknown

12.b. Amount.

Name of Person Filing Michael Ciancaglini	File Number U-
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Janus Capital</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2603 Camino Ramon Suite 200</p> <p>City San Ramon</p> <p>State California ZIP Code + 4 94583</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Services for the Benefit Fund</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Dinner (04/27/04) Unknown</p> <hr/> <p>12.b. Amount.</p>